

MODE = MEMORY TRANSMISSION

START=OCT-06 09:46

END=OCT-06 09:48

FILE NO.=160

| STN NO. | COMM. | ABBR NO. | STATION NAME/TEL NO. | PAGES   | DURATION |
|---------|-------|----------|----------------------|---------|----------|
| 001     | OK    | <03>     | PCT                  | 004/004 | 00:01:36 |

-HONEYWELL PATENTS -

\*\*\*\*\* -

- \*\*\*\*\* 973 455 2288- \*\*\*\*\*

The demand must be filed directly with the competent International Preliminary Examining Authority or, if two or more Authorities are competent, with the one chosen by the applicant. The full name or two-letter code of that Authority may be indicated by the applicant on the line below:

IPEA/EP

## PCT

## CHAPTER II

## DEMAND

under Article 31 of the Patent Cooperation Treaty.

The undersigned requests that the international application specified below be the subject of international preliminary examination according to the Patent Cooperation Treaty.

| For International Preliminary Examining Authority use only   |   |  |
|--|---|--|
| Identification of IPEA   |   | Date of receipt of DEMAND  |
| <b>Box No. I IDENTIFICATION OF THE INTERNATIONAL APPLICATION</b>   |   | Applicant's or agent's file reference<br>H0003511  |
| International application No.<br>PCT/US 03/06853   | International filing date (day/month/year)<br>06-Mar-03 | (Earliest) Priority date (day/month/year)<br>07-Mar-02                                   |
| Title of invention<br>INTERACTIVE DESIGN SYSTEM  |   |  |
| <b>Box No. II APPLICANT(S)</b>   |   |  |
| Name and address (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)<br>HONEYWELL INTERNATIONAL INC.<br>101 Columbia Road<br>P.O. Box 2245<br>Morristown, New Jersey 07962-2245<br>UNITED STATES OF AMERICA |   | Telephone No.:<br>(973) 455-4259<br>Facsimile No.:<br>(973) 455-2288<br>Teleprinter No.: |
| State (i.e. country) of nationality:<br>US   |   | State (i.e. country) of residence:<br>US   |
| Name and address (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)  |   |  |
| State (i.e. country) of nationality:   |   | State (i.e. country) of residence:   |
| Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)   |   |  |
| State (i.e. country) of nationality:   |   | State (i.e. country) of residence:   |
| <input type="checkbox"/> Further applicants are indicated on a continuation sheet.   |   |  |

The demand must be filed directly with the competent International Preliminary Examining Authority or, if two or more Authorities are competent, with the one chosen by the applicant. The full name or two-letter code of that Authority may be indicated by the applicant on the line below:

IPEA/EP

# PCT

## CHAPTER II

### DEMAND

under Article 31 of the Patent Cooperation Treaty:

The undersigned requests that the international application specified below be the subject of international preliminary examination according to the Patent Cooperation Treaty.

|  |   |  |
|--|---|--|
| For International Preliminary Examining Authority use only   |   |  |
| Identification of IPEA   |   | Date of receipt of DEMAND  |
| <b>Box No. I IDENTIFICATION OF THE INTERNATIONAL APPLICATION</b>   |   | Applicant's or agent's file reference<br>H0003511  |
| International application No.<br>PCT/US 03/06853   | International filing date (day/month/year)<br>06-Mar-03 | (Earliest) Priority date (day/month/year)<br>07-Mar-02                                   |
| Title of invention<br>INTERACTIVE DESIGN SYSTEM  |   |  |
| <b>Box No. II APPLICANT(S)</b>   |   |  |
| Name and address (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)<br>HONEYWELL INTERNATIONAL INC.<br>101 Columbia Road<br>P.O. Box 2245<br>Morristown, New Jersey 07962-2245<br>UNITED STATES OF AMERICA |   | Telephone No.:<br>(973) 455-4259<br>Facsimile No.:<br>(973) 455-2288<br>Teleprinter No.: |
| State (i.e. country) of nationality:<br>US   |   | State (i.e. country) of residence:<br>US   |
| Name and address (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)  |   |  |
| State (i.e. country) of nationality:   |   | State (i.e. country) of residence:   |
| Name and address: (Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)   |   |  |
| State (i.e. country) of nationality:   |   | State (i.e. country) of residence:   |
| <input type="checkbox"/> Further applicants are indicated on a continuation sheet.   |   |  |

**Box No. III AGENT OR COMMON REPRESENTATIVE; OR ADDRESS FOR CORRESPONDENCE**The following person is ☒ agent ☐ common representativeand ☒ has been appointed earlier and represents the applicant(s) also for international preliminary examination.☐ is hereby appointed and any earlier appointment of (an) agent(s)/common representative is hereby revoked.☐ is hereby appointed, specifically for the procedure before the International Preliminary Examining Authority, in addition to the agent(s)/common representative appointed earlier.Name and address *(Family name followed by given name; for a legal entity, full official designation. The address must include postal code and name of country.)*

CRISS, Roger H.  
 HONEYWELL INTERNATIONAL INC.  
 101 Columbia Road  
 P.O. Box 2245  
 Morristown, New Jersey 07962-2245  
 UNITED STATES OF AMERICA

Attn: Law Dept.

Telephone No.:

(973) 455-4259

Facsimile No.:

(973) 455-2288

Teleprinter No.:

☐ Mark this check-box where no agent or common representative is/has been appointed and the space above is used instead to indicate a special address to which correspondence should be sent.
**Box No. IV STATEMENT CONCERNING AMENDMENTS**

The applicant wishes the International Preliminary Examining Authority\*

(i) ☒ to start the international preliminary examination on the basis of the international application as originally filed.(ii) ☐ to take into account the amendments under Article 34 of.☐ the description (amendments attached).☐ the claims (amendments attached).☐ the drawings (amendments attached).(iii) ☐ to take into account any amendments of the claims under Article 19 filed with the International Bureau (a copy is attached).(iv) ☐ to disregard any amendments of the claims under Article 19 and to consider them as reversed.(v) ☐ to postpone the start of the international preliminary examination until the expiration of 20 months from the priority date unless that Authority receives a copy of any amendments made under Article 19 or a notice from the applicant that he does not wish to make such amendments (Rule 69.1(d)). *(This check-box may be marked only where the time limit under Article 19 has not yet expired.)*

\* Where no check-box is marked, international preliminary examination will start on the basis of the international application as originally filed or, where a copy of amendments to the claims under Article 19 and/or amendments of the international application under Article 34 are received by the International Preliminary Examining Authority before it has begun to draw up a written opinion or the international preliminary examination report, as so amended.

**Box No. V ELECTION OF STATES**
☒ The applicant hereby elects all eligible States (that is, all States which have been designated and which are bound by Chapter II of the PCT) except .....

.....  
 .....  
 .....  
 (If the applicant does not wish to elect certain eligible States, the name(s) or country code(s) of those States must be indicated above.)

**Box No. VI CHECK LIST**

The demand is accompanied by the following documents for the purposes of international preliminary examination:

- |  |   |        |
|--|---|--------|
| 1. amendments under Article 34                     |   |        |
| description  | : | sheets |
| claims   | : | sheets |
| drawings   | : | sheets |
| 2. letter accompanying amendments under Article 34 | : | sheets |
| 3. copy of amendments under Article 19             | : | sheets |
| 4. copy of statement under Article 19              | : | sheets |
| 5. other (specify):                                | : | sheets |

For International Preliminary  
Examining Authority use only

received                      not received

|                          |                          |
|--------------------------|--------------------------|
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |
| <input type="checkbox"/> | <input type="checkbox"/> |

The demand is accompanied by the item(s) marked below:

- |  |  |
|--|--|
| 1. <input type="checkbox"/> separate signed power of attorney      | 4. <input checked="" type="checkbox"/> fee calculation sheet |
| 2. <input type="checkbox"/> copy of general power of attorney      | 5. <input type="checkbox"/> other (specify):                 |
| 3. <input type="checkbox"/> statement explaining lack of signature |  |

**Box No. VII SIGNATURE OF APPLICANT, AGENT OR COMMON REPRESENTATIVE***Next to each signature, indicate the name of the person signing and the capacity in which the person signs (if such capacity is not obvious from reading the demand).*

HONEYWELL INTERNATIONAL INC.

Deborah Chess  
Deborah Chess  
Attorney

Date of Mailing \_\_\_\_\_

For International Preliminary Examining Authority use only

1. Date of actual receipt of DEMAND:

2. Adjusted date of receipt of the demand due to CORRECTIONS under Rule 60.1 (b):

3. ☐ The date of receipt of the demand is AFTER the expiration of 19 months from the priority date and item 4 or 5, below, does not apply.☐ The applicant has been informed accordingly.4. ☐ The date of receipt of the demand is WITHIN the period of 19 months from the priority date, as extended by virtue of Rule 80.5.5. ☐ Although the date of receipt of the demand is after the expiration of 19 months from the priority date, the delay in arrival is EXCUSED pursuant to Rule 82.

For International Bureau use only

Demand received from IPEA on:

## PCT

## FEE CALCULATION SHEET

Annex to the Demand for international preliminary examination

|  |  |
|--|--|
| International application No. PCT/US03/06853<br>Applicant's or agent's file reference H0003511   | For International Preliminary Examining Authority use only<br>Date stamp of the IPEA |
| Applicant<br><b>HONEYWELL INTERNATIONAL INC.</b>   |  |
| <b>Calculation of prescribed fees</b><br><br>1. Preliminary examination fee ..... EUR 1.533,00 <span style="border: 1px solid black; padding: 0 5px;">P</span><br><br>2. Handling fee (Applicants from certain States are entitled to a reduction of 75% of the handling fee. Where the applicant is (or all applicants are) so entitled, the amount to be entered at H is 25% of the handling fee.) ..... EUR 148,00 <span style="border: 1px solid black; padding: 0 5px;">H</span><br><br>3. Total of prescribed fees<br>Add the amounts entered at P and H and enter total in the TOTAL box.....<br><div style="display: flex; justify-content: flex-end; align-items: center; margin-top: 10px;"> <div style="border: 1px solid black; padding: 5px; margin-right: 10px;">EUR 1.681,00</div> <div style="border: 1px solid black; padding: 5px; margin-right: 10px;">TOTAL</div> </div> |  |
| <b>Mode of Payment</b><br><br><div style="display: flex; justify-content: space-between;"> <div style="width: 45%;"> <input checked="" type="checkbox"/> authorization to charge deposit account with the IPEA (see below)<br/> <input type="checkbox"/> cheque<br/> <input type="checkbox"/> postal money order<br/> <input type="checkbox"/> bank draft         </div> <div style="width: 45%;"> <input type="checkbox"/> cash<br/> <input type="checkbox"/> revenue stamps<br/> <input type="checkbox"/> coupons<br/> <input type="checkbox"/> other (specify):         </div> </div>   |  |

|  |                                    |                           |
|--|------------------------------------|---------------------------|
| <b>Deposit Account Authorization</b> <i>(this mode of payment may not be available at all IPEAs)</i><br><br>The IPEA/ _____ <input checked="" type="checkbox"/> is hereby authorized to charge the total fees indicated above to my deposit account.<br><br><input checked="" type="checkbox"/> <i>(this check-box may be marked only if the conditions for deposit accounts of the IPEA so permit)</i> is hereby authorized to charge any deficiency or credit any overpayment in the total fees indicated above to my deposit account. |                                    |                           |
| Deposit Account Number<br>2830.0019  | Date (day/month/year)<br>06-Oct-03 | Signature<br>Amy Olinger. |